



CPA\$
2834
+

Please type a plus sign (+) inside this box → ☐ +

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Approved for use through 09/30/2000. OMB 0651-0031
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number.	09/431,559
	Filing Date	10/29/99
	First Named Inventor	OVADIA, S.
	Group Art Unit	2834
	Examiner Name	J. Waks
	Attorney Docket Number	1432
Total Number of Pages in This Submission		9

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	CPA Request
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Small Entity Statement	3.73 Certificate
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	copy of Assignment
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	Attached: CPA Request (form SB29)
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	Credit Card form (2038) in the amount of \$800 as follows:	
	3-month extension fee	\$445
	CPA request	355 Total \$800

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Edward Langer Atty. Reg. 30, 564
Signature	
Date	August 3 2001

CERTIFICATE OF MAILING		
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: <input type="text"/>		
Typed or printed name	<input type="text"/>	
Signature	<input type="text"/>	Date

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.